## CITY OF MARLBOROUGH DEPARTMENT OF COMMUNITY DEVELOPMENT

Soft Second Loan Program Pre-Application Form

The goal of the Soft Second Loan Program is to help income-eligible first-time homebuyers to purchase their first home. The first step in the application process is to provide the information requested below so the Department of Community Development can make sure your family meets the program guidelines. If you have any questions regarding why the information is necessary or how to obtain it, please call the Department of Community Development at 508-460-3715, or talk to your real estate broker.

You will be notified in writing if you qualify for this program. Notification will then be provided to the three participating banks: Community National Bank, Fleet Bank, and Marlborough Cooperative Bank. You will be given the name of the contact person at each of the three banks, and you are welcome to select whichever participating bank you like. It is important to note that the bank will then research your credit history and take other steps to determine your qualification for a mortgage. Approval by the Department of Community Development only indicates that you meet the eligibility requirements for the program.

Your Name: Current Address:		Social Security #:		
		Daytime Phone:		
City, State, Zip:		Persons in Household:		
		y member of your househo VIDED FOR ANY PERS		
	Yourself	Household Member	Household Member	
Name				
Occupation				
Employer				
Employer's Address				
Employer's Phone				
Total Annual Salary				
Hire Date				
*	_	arners if required. All persont of Community Develop		
Signature	S	Social Security #	Date	-
Signature	S	Social Security #		_
Signature	S	Social Security #	Date	_

support, alimony, wages from other part-time	e jobs, tips, etc.	below. Include pension, Social Security, interest, child		
		ate their relationship to you (the buyer). Include only your new home. Your list should include children,		
Name	Rela	tionship		
If you have identified a home you would like	to purchase, pleas	e provide the following information:		
Address:	Broker:			
Asking Price:	sking Price: Sale Status:			
Please attach copies of the following docume information is submitted.	nts to your applica	tion. Your application cannot be processed until this		
☐ Copies of your family's tax returns for the	e past three years			
☐ A copy of the most recent W-2 or similar	tax form for each	member of your household who is currently employed		
☐ Pay stubs for the most recent six pay period	ods for each memb	per who is currently employed		
Are you interested in a DownPayment Assis	stance Program?	□ Yes □ No		
If you are, in addition to the above document	s please include th	e following:		
☐ Copies of the last six months bank stateme	ents (all accounts)			
FOR	CD USE			
Date Received:	erified - Ratio	Forwarded to Bank(date):  Homeownership status - Documentation:  State Code:		